

271 Eligibility Response Codes and Values Mapping

Final DRAFT

#	Code or Value Set (Element Name)	Loop – Segment – Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
1	Transaction Set Header/Transaction Set Identifier Code	Transaction Set Header - ST01	271 - Eligibility, Coverage or Benefit Information	No Current Equivalent	271 - Eligibility, Coverage or Benefit Information
2	Beginning of Hierarchical Transaction/Hierarchical Structure Code	Transaction Set Header - BHT01	0022 - Information Source, Information Receiver, Subscriber, Dependent	No Current Equivalent	0022 - Information Source, Information Receiver, Subscriber, Dependent
3	Beginning of Hierarchical Transaction/Transaction Set Purpose Code	Transaction Set Header - BHT02	11 - Response	No Current Equivalent	11 - Response
4	Information Source Level/Hierarchical Level Code	2000A - HL03	20 - Information Source	No Current Equivalent	20 - Information Source
5	Information Source Level/Hierarchical Child Code	2000A - HL04	0 - No Subordinate HL Segment in This Hierarchical Structure. 1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.	No Current Equivalent	0 - No Subordinate HL Segment in This Hierarchical Structure. 1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.
6	Request Validation/Valid Request Indicator	2000A - AAA01	N - No Y - Yes	No Current Equivalent	N - No Y - Yes
7	Request Validation/Reject Reason Code	2000A - AAA03	04 - Authorized Quantity Exceeded 41 - Authorization/Access Restrictions 42 - Unable to Respond at Current Time 79 - Invalid Participant Identification	No Current Equivalent	04 - Authorized Quantity Exceeded 41 - Authorization/Access Restrictions 42 - Unable to Respond at Current Time 79 - Invalid Participant Identification
8	Request Validation/Follow-up Action Code	2000A - AAA04	C - Please Correct and Resubmit N - Resubmission Not Allowed P - Please Resubmit Original Transaction R - Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a Third Party Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly	No Current Equivalent	C - Please Correct and Resubmit N - Resubmission Not Allowed P - Please Resubmit Original Transaction R - Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a Third Party Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly
9	Information Source Name/Entity Identifier Code	2100A - NM101	2B - Third-Party Administrator 36 - Employer GP - Gateway Provider P5 - Plan Sponsor PR - Payer	No Current Equivalent	2B - Third-Party Administrator 36 - Employer GP - Gateway Provider P5 - Plan Sponsor PR - Payer
10	Information Source Name/Entity Type Qualifier	2100A - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity

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11	Information Source Name/Identification Code Qualifier	2100A - NM108	24 - Employer's Identification Number 46 - Electronic Transmitter Identification Number (ETIN) FI - Federal Taxpayer's Identification Number NI - National Association of Insurance Commissioners (NAIC) Identification PI - Payor Identification XV - Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. XX - Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 46 - Electronic Transmitter Identification Number (ETIN) FI - Federal Taxpayer's Identification Number NI - National Association of Insurance Commissioners (NAIC) Identification PI - Payor Identification XV - Health Care Financing Administration National PlanID. Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. XX - Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
12	Information Source Additional Identification/Reference Identification Qualifier	2100A - REF01	18 - Plan Number 55 - Sequence Number	No Current Equivalent	18 - Plan Number 55 - Sequence Number
13	Information Source Contact Information/Contact Function Code	2100A - PER01	IC - Information Contact	No Current Equivalent	IC - Information Contact
14	Information Source Contact Information/Communication Number Qualifier	2100A - PER03	ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone
15	Information Source Contact Information/Communication Number Qualifier	2100A - PER05	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone
16	Information Source Contact Information/Communication Number Qualifier	2100A - PER07	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone

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17	Request Validation/Valid Request Indicator	2100A - AAA01	N - No Y - Yes	No Current Equivalent	N - No Y - Yes
18	Request Validation/Reject Reason Code	2100A - AAA03	04 - Authorized Quantity Exceeded 41 - Authorization/Access Restrictions 42 - Unable to Respond at Current Time 79 - Invalid Participant Identification 80 - No Response received - Transaction Terminated T4 - Payer Name or Identifier Missing	No Current Equivalent	04 - Authorized Quantity Exceeded 41 - Authorization/Access Restrictions 42 - Unable to Respond at Current Time 79 - Invalid Participant Identification 80 - No Response received - Transaction Terminated T4 - Payer Name or Identifier Missing
19	Request Validation/Follow-up Action Code	2100A - AAA04	C - Please Correct and Resubmit N - Resubmission Not Allowed P - Please Resubmit Original Transaction R - Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a Third Party W - Please Wait 30 Days and Resubmit X - Please Wait 10 Days and Resubmit Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly	No Current Equivalent	C - Please Correct and Resubmit N - Resubmission Not Allowed P - Please Resubmit Original Transaction R - Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a Third Party W - Please Wait 30 Days and Resubmit X - Please Wait 10 Days and Resubmit Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly
20	Information Receiver Level/Hierarchical Level Code	2000B - HL03	21 - Information Receiver	No Current Equivalent	21 - Information Receiver
21	Information Receiver Level/Hierarchical Child Code	2000B - HL04	0 - No Subordinate HL Segment in This Hierarchical Structure. 1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.	No Current Equivalent	0 - No Subordinate HL Segment in This Hierarchical Structure. 1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.
22	Information Receiver Name/Entity Identifier Code	2100B - NM101	1P - Provider 2B - Third-Party Administrator 36 - Employer 80 - Hospital FA - Facility GP - Gateway Provider P5 - Plan Sponsor PR - Payer	No Current Equivalent	1P - Provider 2B - Third-Party Administrator 36 - Employer 80 - Hospital FA - Facility GP - Gateway Provider P5 - Plan Sponsor PR - Payer
23	Information Receiver Name/Entity Type Qualifier	2100B - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
24	Information Receiver Name/Identification Code Qualifier	2100B - NM108	24 - Employer's Identification Number 34 - Social Security Number FI - Federal Taxpayer's Identification Number PI - Payor Identification PP - Pharmacy Processor Number SV - Service Provider Number XV - Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. XX - Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number FI - Federal Taxpayer's Identification Number PI - Payor Identification PP - Pharmacy Processor Number SV - Service Provider Number XV - Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. XX - Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.
25	Information Receiver Additional Identification/Reference Identification Qualifier	2100B - REF01	0B - State License Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1J - Facility ID Number 4A - Personal Identification Number (PIN) CT - Contract Number EL - Electronic device pin number EO - Submitter Identification Number HPI - Health Care Financing Administration National Provider Identifier JD - User Identification N5 - Provider Plan Network Identification Number N7 - Facility Network Identification Number Q4 - Prior Identifier Number SY - Social Security Number TJ - Federal Taxpayer's Identification Number	No Current Equivalent	0B - State License Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1J - Facility ID Number 4A - Personal Identification Number (PIN) CT - Contract Number EL - Electronic device pin number EO - Submitter Identification Number HPI - Health Care Financing Administration National Provider Identifier JD - User Identification N5 - Provider Plan Network Identification Number N7 - Facility Network Identification Number Q4 - Prior Identifier Number SY - Social Security Number TJ - Federal Taxpayer's Identification Number
26	Information Receiver Request Validation/Valid Request Indicator	2100B - AAA01	N - No Y - Yes	No Current Equivalent	N - No Y - Yes

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
27	Information Receiver Request Validation/Reject Reason Code	2100B - AAA03	15 - Required application data missing 41 - Authorization/Access Restrictions 43 - Invalid/Missing Provider Identification 44 - Invalid/Missing Provider Name 45 - Invalid/Missing Provider Specialty 46 - Invalid/Missing Provider Phone Number 47 - Invalid/Missing Provider State 48 - Invalid/Missing Referring Provider Identification Number 50 - Provider Ineligible for Inquiries 51 - Provider Not on File 79 - Invalid Participant Identification 97 - Invalid or Missing Provider Address T4 - Payer Name or Identifier Missing	MEVS Messages: 0001 Recipient not found – insufficient data submitted 0002 Invalid Provider ID 0003 Invalid Begin Date of Service 0005 Invalid End Date of Service 0006 More than 3 Eligibility occurrences or 4 Enrollment occurrences were found 0008 Recipient was not found using the SSN 0009 More than one recipient was found using the SSN 0010 Recipient was not found using the AHCCCS ID 0011 Recipient was not found using the Last Name, First Name, Date of Birth, and Gender 0012 More than one recipient was found using the Last Name, First Name, Date of Birth, and Gender 0013 the AHCCCS ID entered is for a secondary record; the correct AHCCCS ID has been returned. 0021 “Verify the identity of the recipient with a separate photo ID. If ID does not match the name on the AHCCCS ID, then report to AHCCCS at 1-888-487-6686 (Member Fraud) or 1-800-92-6690 (if after 5:00 PM).” 7246 ID Card is Invalid; Contact AHCCCS other System error	15 - Required application data missing = 0001 Recipient not found – insufficient data submitted 41 - Authorization/Access Restrictions 43 - Invalid/Missing Provider Identification = 0002 Same 44 - Invalid/Missing Provider Name 45 - Invalid/Missing Provider Specialty 46 - Invalid/Missing Provider Phone Number 47 - Invalid/Missing Provider State 48 - Invalid/Missing Referring Provider Identification Number 50 - Provider Ineligible for Inquiries 51 - Provider Not on File 79 - Invalid Participant Identification 97 - Invalid or Missing Provider Address T4 - Payer Name or Identifier Missing
28	Information Receiver Request Validation/Follow -up Action Code	2100B - AAA04	C - Please Correct and Resubmit N - Resubmission Not Allowed R - Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a Third Party W - Please Wait 30 Days and Resubmit X - Please Wait 10 Days and Resubmit Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly	No Current Equivalent	C - Please Correct and Resubmit N - Resubmission Not Allowed R - Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a Third Party W - Please Wait 30 Days and Resubmit X - Please Wait 10 Days and Resubmit Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
29	Subscriber Level/Hierarchical Level Code	2000C - HL03	22 - Subscriber	No Current Equivalent	22 - Subscriber
30	Subscriber Level/Hierarchical Child Code	2000C - HL04	0 - No Subordinate HL Segment in This Hierarchical Structure. 1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.	No Current Equivalent	0 - No Subordinate HL Segment in This Hierarchical Structure. 1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.
31	Subscriber Trace Number/Trace Type Code	2000C - TRN01	1 - Current Transaction Trace Numbers 2 - Referenced Transaction Trace Numbers	No Current Equivalent	1 - Current Transaction Trace Numbers 2 - Referenced Transaction Trace Numbers
32	Subscriber Name/Entity Identifier Code	2100C - NM101	IL - Insured or Subscriber	No Current Equivalent	IL - Insured or Subscriber
33	Subscriber Name/Entity Type Qualifier	2100C - NM102	1 - Person	No Current Equivalent	1 - Person
34	Subscriber Name/Identification Code Qualifier	2100C - NM108	MI - Member Identification Number ZZ - Mutually Defined	No Current Equivalent	MI - Member Identification Number ZZ - Mutually Defined
35	Subscriber Additional Identification/Reference Identification Qualifier	2100C - REF01	18 - Plan Number 1L - Group or Policy Number 1W - Member Identification Number 3H - Case Number 49 - Family Unit Number 6P - Group Number A6 - Employee Identification Number EA - Medical Record Identification Number EJ - Patient Account Number F6 - Health Insurance Claim (HIC) Number GH - Identification Card Serial Number HJ - Identity Card Number IF - Issue Number IG - Insurance Policy Number ML - Military Rank/Civilian Pay Grade Number N6 - Plan Network Identification Number NQ - Medicaid Recipient Identification Number Q4 - Prior Identifier Number SY - Social Security Number	No Current Equivalent	18 - Plan Number 1L - Group or Policy Number 1W - Member Identification Number 3H - Case Number 49 - Family Unit Number 6P - Group Number A6 - Employee Identification Number EA - Medical Record Identification Number EJ - Patient Account Number F6 - Health Insurance Claim (HIC) Number GH - Identification Card Serial Number HJ - Identity Card Number IF - Issue Number IG - Insurance Policy Number ML - Military Rank/Civilian Pay Grade Number N6 - Plan Network Identification Number NQ - Medicaid Recipient Identification Number Q4 - Prior Identifier Number SY - Social Security Number
36	Subscriber City/State/ZIP Code/Location Qualifier	2100C - N405	CY - County/Parish FI - Federal Information Processing Standards (FIPS) 55 (Named Populated Places)	No Current Equivalent	CY - County/Parish FI - Federal Information Processing Standards (FIPS) 55 (Named Populated Places)

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
37	Subscriber Contact Information/Contact Function Code	2100C - PER01	IC - Information Contact	No Current Equivalent	IC - Information Contact
38	Subscriber Contact Information/Communication Number Qualifier	2100C - PER03	HP - Home Phone Number TE - Telephone WP - Work Phone Number	No Current Equivalent	HP - Home Phone Number TE - Telephone WP - Work Phone Number
39	Subscriber Contact Information/Communication Number Qualifier	2100C - PER05	EX - Telephone Extension HP - Home Phone Number TE - Telephone WP - Work Phone Number	No Current Equivalent	EX - Telephone Extension HP - Home Phone Number TE - Telephone WP - Work Phone Number
40	Subscriber Contact Information/Communication Number Qualifier	2100C - PER07	EX - Telephone Extension HP - Home Phone Number TE - Telephone WP - Work Phone Number	No Current Equivalent	EX - Telephone Extension HP - Home Phone Number TE - Telephone WP - Work Phone Number
41	Subscriber Request Validation/Valid Request Indicator	2100C - AAA01	N - No Y - Yes	No Current Equivalent	N - No Y - Yes

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
42	Subscriber Request Validation/Reject Reason Code	2100C - AAA03	15 - Required application data missing 42 - Unable to Respond at Current Time 43 - Invalid/Missing Provider Identification 45 - Invalid/Missing Provider Specialty 47 - Invalid/Missing Provider State 48 - Invalid/Missing Referring Provider Identification Number 49 - Provider is Not Primary Care Physician 51 - Provider Not on File 52 - Service Dates Not Within Provider Plan Enrollment 56 - Inappropriate Date 57 - Invalid/Missing Date(s) of Service 58 - Invalid/Missing Date-of-Birth 60 - Date of Birth Follows Date(s) of Service 61 - Date of Death Precedes Date(s) of Service 62 - Date of Service Not Within Allowable Inquiry Period 63 - Date of Service in Future 64 - Invalid/Missing Patient ID 65 - Invalid/Missing Patient Name 66 - Invalid/Missing Patient Gender Code 67 - Patient Not Found 68 - Duplicate Patient ID Number 71 - Patient Birth Date Does Not Match That for the Patient on the Database 72 - Invalid/Missing Subscriber/Insured ID 73 - Invalid/Missing Subscriber/Insured Name 74 - Invalid/Missing Subscriber/Insured Gender Code 75 - Subscriber/Insured Not Found 76 - Duplicate Subscriber/Insured ID Number 77 - Subscriber Found, Patient Not Found 78 - Subscriber/Insured Not in Group/Plan Identified	MEVS Messages: 0001 Recipient not found – insufficient data submitted 0002 Invalid Provider ID 0003 Invalid Begin Date of Service 0005 Invalid End Date of Service 0006 More than 3 Eligibility occurrences or 4 Enrollment occurrences were found 0008 Recipient was not found using the SSN 0009 More than one recipient was found using the SSN 0010 Recipient was not found using the AHCCCS ID 0011 Recipient was not found using the Last Name, First Name, Date of Birth, and Gender 0012 More than one recipient was found using the Last Name, First Name, Date of Birth, and Gender 0013 the AHCCCS ID entered is for a secondary record; the correct AHCCCS ID has been returned. 0021 “Verify the identity of the recipient with a separate photo ID. If ID does not match the name on the AHCCCS ID, then report to AHCCCS at 1-888-487-6686 (Member Fraud) or 1-800-92-6690 (if after 5:00 PM).” 7246 ID Card is Invalid; Contact AHCCCS other System error	15 - Required application data missing = 0001 Recipient not found – insufficient data submitted 42 - Unable to Respond at Current Time 43 - Invalid/Missing Provider Identification = 0002 Same 45 - Invalid/Missing Provider Specialty 47 - Invalid/Missing Provider State 48 - Invalid/Missing Referring Provider Identification Number 49 - Provider is Not Primary Care Physician 51 - Provider Not on File 52 - Service Dates Not Within Provider Plan Enrollment 56 - Inappropriate Date 57 - Invalid/Missing Date(s) of Service = 0003 and 0005 Invalid Begin and End Date of Service 58 - Invalid/Missing Date-of-Birth 60 - Date of Birth Follows Date(s) of Service 61 - Date of Death Precedes Date(s) of Service 62 - Date of Service Not Within Allowable Inquiry Period 63 - Date of Service in Future 64 - Invalid/Missing Patient ID 65 - Invalid/Missing Patient Name 66 - Invalid/Missing Patient Gender Code 67 - Patient Not Found 68 - Duplicate Patient ID Number 71 - Patient Birth Date Does Not Match That for the Patient on the Database 72 - Invalid/Missing Subscriber/Insured ID 73 - Invalid/Missing Subscriber/Insured Name 74 - Invalid/Missing Subscriber/Insured Gender Code 75 - Subscriber/Insured Not Found = 0008 Recipient was not found using the SSN and 0010 Recipient was not found using the AHCCCS ID 76 - Duplicate Subscriber/Insured ID Number 77 - Subscriber Found, Patient Not Found 78 - Subscriber/Insured Not in Group/Plan

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
43	Subscriber Request Validation/Follow -up Action Code	2100C - AAA04	C - Please Correct and Resubmit N - Resubmission Not Allowed R - Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a Third Party W - Please Wait 30 Days and Resubmit X - Please Wait 10 Days and Resubmit Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly	No Current Equivalent	C - Please Correct and Resubmit N - Resubmission Not Allowed R - Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a Third Party W - Please Wait 30 Days and Resubmit X - Please Wait 10 Days and Resubmit Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly
44	Subscriber Demographic Information/Date Time Period Format Qualifier	2100C - DMG01	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
45	Subscriber Demographic Information/Subscriber Gender Code	2100C - DMG03	F - Female M - Male U - Unknown	F Female M Male	F - Female M - Male U - Unknown
46	Subscriber Relationship/Insured Indicator	2100C - INS01	Y - Yes	No Current Equivalent	Y - Yes
47	Subscriber Relationship/Individual Relationship Code	2100C - INS02	18 - Self	No Current Equivalent	18 - Self
48	Subscriber Relationship/Maintenance Type Code	2100C - INS03	001 - Change	No Current Equivalent	001 - Change
49	Subscriber Relationship/Maintenance Reason Code	2100C - INS04	25 - Change in Identifying Data Elements	No Current Equivalent	25 - Change in Identifying Data Elements
50	Subscriber Relationship/Student Status Code	2100C - INS09	F - Full-time N - Not a Student P - Part-time	No Current Equivalent	F - Full-time N - Not a Student P - Part-time
51	Subscriber Relationship/Handicap Indicator	2100C - INS10	N - No Y - Yes	No Current Equivalent	N - No Y - Yes

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52	Subscriber Date/Date Time Qualifier	2100C - DTP01	102 - Issue 152 - Effective Date of Change 291 - Plan 307 - Eligibility 318 - Added 340 - Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin 341 - Consolidated Omnibus Budget Reconciliation Act (COBRA) End 342 - Premium Paid to Date Begin 343 - Premium Paid to Date End 346 - Plan Begin 347 - Plan End 356 - Eligibility Begin 357 - Eligibility End 382 - Enrollment 435 - Admission 442 - Date of Death 458 - Certification 472 - Service 539 - Policy Effective 540 - Policy Expiration 636 - Date of Last Update 771 - Status	No Current Equivalent	102 - Issue 152 - Effective Date of Change 291 - Plan 307 - Eligibility 318 - Added 340 - Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin 341 - Consolidated Omnibus Budget Reconciliation Act (COBRA) End 342 - Premium Paid to Date Begin 343 - Premium Paid to Date End 346 - Plan Begin 347 - Plan End 356 - Eligibility Begin 357 - Eligibility End 382 - Enrollment 435 - Admission 442 - Date of Death 458 - Certification 472 - Service 539 - Policy Effective 540 - Policy Expiration 636 - Date of Last Update 771 - Status
53	Subscriber Date/Date Time Period Format Qualifier	2100C - DTP02	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

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54	Subscriber Eligibility or Benefit Information/Eligibility or Benefit Information	2110C - EB01	1 - Active Coverage 2 - Active - Full Risk Capitation 3 - Active - Services Capitated 4 - Active - Services Capitated to Primary Care Physician 5 - Active - Pending Investigation 6 - Inactive 7 - Inactive - Pending Eligibility Update 8 - Inactive - Pending Investigation A - Co-Insurance B - Co-Payment C - Deductible CB - Coverage Basis D - Benefit Description E - Exclusions F - Limitations G - Out of Pocket (Stop Loss) H - Unlimited I - Non-Covered J - Cost Containment K - Reserve L - Primary Care Provider M - Pre-existing Condition MC - Managed Care Coordinator N - Services Restricted to Following Provider O - Not Deemed a Medical Necessity P - Benefit Disclaimer Q - Second Surgical Opinion Required R - Other or Additional Payor S - Prior Year(s) History T - Card(s) Reported Lost/Stolen U - Contact Following Entity for Eligibility or Benefit Information V - Cannot Process W - Other Source of Data X - Health Care Facility Y - Spend Down	No Current Equivalent	1 - Active Coverage 2 - Active - Full Risk Capitation 3 - Active - Services Capitated 4 - Active - Services Capitated to Primary Care Physician 5 - Active - Pending Investigation 6 - Inactive 7 - Inactive - Pending Eligibility Update 8 - Inactive - Pending Investigation A - Co-Insurance B - Co-Payment C - Deductible CB - Coverage Basis D - Benefit Description E - Exclusions F - Limitations G - Out of Pocket (Stop Loss) H - Unlimited I - Non-Covered J - Cost Containment K - Reserve L - Primary Care Provider M - Pre-existing Condition MC - Managed Care Coordinator N - Services Restricted to Following Provider O - Not Deemed a Medical Necessity P - Benefit Disclaimer Q - Second Surgical Opinion Required R - Other or Additional Payor S - Prior Year(s) History T - Card(s) Reported Lost/Stolen U - Contact Following Entity for Eligibility or Benefit Information V - Cannot Process W - Other Source of Data X - Health Care Facility Y - Spend Down

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55	Subscriber Eligibility or Benefit Information/Benefit Coverage Level Code	2110C - EB02	CHD - Children Only DEP - Dependents Only ECH - Employee and Children EMP - Employee Only ESP - Employee and Spouse FAM - Family IND - Individual SPC - Spouse and Children SPO - Spouse Only	No Current Equivalent	CHD - Children Only DEP - Dependents Only ECH - Employee and Children EMP - Employee Only ESP - Employee and Spouse FAM - Family IND - Individual SPC - Spouse and Children SPO - Spouse Only

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56	Subscriber Eligibility or Benefit Information/Service Type Code	2110C - EB03	1 - Medical Care 10 - Blood Charges 11 - Used Durable Medical Equipment 12 - Durable Medical Equipment Purchase 13 - Ambulatory Service Center Facility 14 - Renal Supplies in the Home 15 - Alternate Method Dialysis 16 - Chronic Renal Disease (CRD) Equipment 17 - Pre-Admission Testing 18 - Durable Medical Equipment Rental 19 - Pneumonia Vaccine 2 - Surgical 20 - Second Surgical Opinion 21 - Third Surgical Opinion 22 - Social Work 23 - Diagnostic Dental 24 - Periodontics 25 - Restorative 26 - Endodontics 27 - Maxillofacial Prosthetics 28 - Adjunctive Dental Services 3 - Consultation 30 - Health Benefit Plan Coverage 32 - Plan Waiting Period 33 - Chiropractic 34 - Chiropractic Office Visits 35 - Dental Care 36 - Dental Crowns 37 - Dental Accident 38 - Orthodontics 39 - Prosthodontics 4 - Diagnostic X-Ray 40 - Oral Surgery 41 - Routine (Preventive) Dental 42 - Home Health Care 43 - Home Health Prescriptions 44 - Home Health Visits 45 - Hospice 46 - Respite Care 47 - Hospital 48 - Hospital - Inpatient 49 - Hospital - Room and Board 5 - Diagnostic Lab	No Current Equivalent	1 - Medical Care 10 - Blood Charges 11 - Used Durable Medical Equipment 12 - Durable Medical Equipment Purchase 13 - Ambulatory Service Center Facility 14 - Renal Supplies in the Home 15 - Alternate Method Dialysis 16 - Chronic Renal Disease (CRD) Equipment 17 - Pre-Admission Testing 18 - Durable Medical Equipment Rental 19 - Pneumonia Vaccine 2 - Surgical 20 - Second Surgical Opinion 21 - Third Surgical Opinion 22 - Social Work 23 - Diagnostic Dental 24 - Periodontics 25 - Restorative 26 - Endodontics 27 - Maxillofacial Prosthetics 28 - Adjunctive Dental Services 3 - Consultation 30 - Health Benefit Plan Coverage 32 - Plan Waiting Period 33 - Chiropractic 34 - Chiropractic Office Visits 35 - Dental Care 36 - Dental Crowns 37 - Dental Accident 38 - Orthodontics 39 - Prosthodontics 4 - Diagnostic X-Ray 40 - Oral Surgery 41 - Routine (Preventive) Dental 42 - Home Health Care 43 - Home Health Prescriptions 44 - Home Health Visits 45 - Hospice 46 - Respite Care 47 - Hospital 48 - Hospital - Inpatient 49 - Hospital - Room and Board 5 - Diagnostic Lab 50 - Hospital - Outpatient

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Shaded areas are new additions from Addenda Oct 2001

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57	Subscriber Eligibility or Benefit Information/Service Type Code	2110C - EB03 Cont'd	Cont'd 54 - Long Term Care 55 - Major Medical 56 - Medically Related Transportation 57 - Air Transportation 58 - Cabulance 59 - Licensed Ambulance 6 - Radiation Therapy 60 - General Benefits 61 - In-vitro Fertilization 62 - MRI/CAT Scan 63 - Donor Procedures 64 - Acupuncture 65 - Newborn Care 66 - Pathology 67 - Smoking Cessation 68 - Well Baby Care 69 - Maternity 7 - Anesthesia 70 - Transplants 71 - Audiology Exam 72 - Inhalation Therapy 73 - Diagnostic Medical 74 - Private Duty Nursing 75 - Prosthetic Device 76 - Dialysis 77 - Otological Exam 78 - Chemotherapy 79 - Allergy Testing 8 - Surgical Assistance 80 - Immunizations 81 - Routine Physical 82 - Family Planning 83 - Infertility 84 - Abortion 85 - AIDS 86 - Emergency Services 87 - Cancer 88 - Pharmacy 89 - Free Standing Prescription Drug 9 - Other Medical 90 - Mail Order Prescription Drug 91 - Brand Name Prescription Drug	No Current Equivalent	Cont'd 54 - Long Term Care 55 - Major Medical 56 - Medically Related Transportation 57 - Air Transportation 58 - Cabulance 59 - Licensed Ambulance 6 - Radiation Therapy 60 - General Benefits 61 - In-vitro Fertilization 62 - MRI/CAT Scan 63 - Donor Procedures 64 - Acupuncture 65 - Newborn Care 66 - Pathology 67 - Smoking Cessation 68 - Well Baby Care 69 - Maternity 7 - Anesthesia 70 - Transplants 71 - Audiology Exam 72 - Inhalation Therapy 73 - Diagnostic Medical 74 - Private Duty Nursing 75 - Prosthetic Device 76 - Dialysis 77 - Otological Exam 78 - Chemotherapy 79 - Allergy Testing 8 - Surgical Assistance 80 - Immunizations 81 - Routine Physical 82 - Family Planning 83 - Infertility 84 - Abortion 85 - AIDS 86 - Emergency Services 87 - Cancer 88 - Pharmacy 89 - Free Standing Prescription Drug 9 - Other Medical 90 - Mail Order Prescription Drug 91 - Brand Name Prescription Drug

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Shaded areas are new additions from Addenda Oct 2001

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
58	Subscriber Eligibility or Benefit Information/Service Type Code	2110C - EB03 Cont'd	Cont'd 93 - Podiatry 94 - Podiatry - Office Visits 95 - Podiatry - Nursing Home Visits 96 - Professional (Physician) 97 - Anesthesiologist 98 - Professional (Physician) Visit - Office 99 - Professional (Physician) Visit - Inpatient A0 - Professional (Physician) Visit - Outpatient A1 - Professional (Physician) Visit - Nursing Home A2 - Professional (Physician) Visit - Skilled Nursing Facility A3 - Professional (Physician) Visit - Home A4 - Psychiatric A5 - Psychiatric - Room and Board A6 - Psychotherapy A7 - Psychiatric - Inpatient A8 - Psychiatric - Outpatient A9 - Rehabilitation AA - Rehabilitation - Room and Board AB - Rehabilitation - Inpatient AC - Rehabilitation - Outpatient AD - Occupational Therapy AE - Physical Medicine AF - Speech Therapy AG - Skilled Nursing Care AH - Skilled Nursing Care - Room and Board AI - Substance Abuse AJ - Alcoholism AK - Drug Addiction AL - Vision (Optometry) AM - Frames AN - Routine Exam AO - Lenses AQ - Nonmedically Necessary Physical AR - Experimental Drug Therapy BA - Independent Medical Evaluation BB - Partial Hospitalization (Psychiatric) BC - Day Care (Psychiatric)	No Current Equivalent	Cont'd 93 - Podiatry 94 - Podiatry - Office Visits 95 - Podiatry - Nursing Home Visits 96 - Professional (Physician) 97 - Anesthesiologist 98 - Professional (Physician) Visit - Office 99 - Professional (Physician) Visit - Inpatient A0 - Professional (Physician) Visit - Outpatient A1 - Professional (Physician) Visit - Nursing Home A2 - Professional (Physician) Visit - Skilled Nursing Facility A3 - Professional (Physician) Visit - Home A4 - Psychiatric A5 - Psychiatric - Room and Board A6 - Psychotherapy A7 - Psychiatric - Inpatient A8 - Psychiatric - Outpatient A9 - Rehabilitation AA - Rehabilitation - Room and Board AB - Rehabilitation - Inpatient AC - Rehabilitation - Outpatient AD - Occupational Therapy AE - Physical Medicine AF - Speech Therapy AG - Skilled Nursing Care AH - Skilled Nursing Care - Room and Board AI - Substance Abuse AJ - Alcoholism AK - Drug Addiction AL - Vision (Optometry) AM - Frames AN - Routine Exam AO - Lenses AQ - Nonmedically Necessary Physical AR - Experimental Drug Therapy BA - Independent Medical Evaluation BB - Partial Hospitalization (Psychiatric) BC - Day Care (Psychiatric) BD - Cognitive Therapy BE - Massage Therapy BF - Pulmonary Rehabilitation

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Shaded areas are new additions from Addenda Oct 2001

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
59	Subscriber Eligibility or Benefit Information/Service Type Code	2110C - EB03 Cont'd	Cont'd BH - Pediatric BI - Nursery BJ - Skin BK - Orthopedic BL - Cardiac BM - Lymphatic BN - Gastrointestinal BP - Endocrine BQ - Neurology BR - Eye BS - Invasive Procedures	No Current Equivalent	Cont'd BH - Pediatric BI - Nursery BJ - Skin BK - Orthopedic BL - Cardiac BM - Lymphatic BN - Gastrointestinal BP - Endocrine BQ - Neurology BR - Eye BS - Invasive Procedures

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#	Code or Value Set (Element Name)	Loop – Segment – Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
60	Subscriber Eligibility or Benefit Information/Insurance Type Code	2110C - EB04	12 - Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan 13 - Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan 14 - Medicare Secondary, No-fault Insurance including Auto is Primary 15 - Medicare Secondary Worker's Compensation 16 - Medicare Secondary Public Health Service (PHS) or Other Federal Agency 41 - Medicare Secondary Black Lung 42 - Medicare Secondary Veteran's Administration 43 - Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP) 47 - Medicare Secondary, Other Liability Insurance is Primary AP - Auto Insurance Policy C1 - Commercial CO - Consolidated Omnibus Budget Reconciliation Act (COBRA) CP - Medicare Conditionally Primary D - Disability DB - Disability Benefits EP - Exclusive Provider Organization FF - Family or Friends GP - Group Policy HM - Health Maintenance Organization (HMO) HN - Health Maintenance Organization (HMO) - Medicare Risk HS - Special Low Income Medicare Beneficiary IN - Indemnity IP - Individual Policy LC - Long Term Care LD - Long Term Policy LI - Life Insurance LT - Litigation	No Current Equivalent	12 - Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan 13 - Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan 14 - Medicare Secondary, No-fault Insurance including Auto is Primary 15 - Medicare Secondary Worker's Compensation 16 - Medicare Secondary Public Health Service (PHS) or Other Federal Agency 41 - Medicare Secondary Black Lung 42 - Medicare Secondary Veteran's Administration 43 - Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP) 47 - Medicare Secondary, Other Liability Insurance is Primary AP - Auto Insurance Policy C1 - Commercial CO - Consolidated Omnibus Budget Reconciliation Act (COBRA) CP - Medicare Conditionally Primary D - Disability DB - Disability Benefits EP - Exclusive Provider Organization FF - Family or Friends GP - Group Policy HM - Health Maintenance Organization (HMO) HN - Health Maintenance Organization (HMO) - Medicare Risk HS - Special Low Income Medicare Beneficiary IN - Indemnity IP - Individual Policy LC - Long Term Care LD - Long Term Policy LI - Life Insurance LT - Litigation

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Shaded areas are new additions from Addenda Oct 2001

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
61	Subscriber Eligibility or Benefit Information/Insurance Type Code	2110C - EB04 cont'd	Cont'd MA - Medicare Part A MB - Medicare Part B MC - Medicaid MH - Medigap Part A MI - Medigap Part B MP - Medicare Primary OT - Other PE - Property Insurance - Personal PL - Personal PP - Personal Payment (Cash - No Insurance) PR - Preferred Provider Organization (PPO) PS - Point of Service (POS) QM - Qualified Medicare Beneficiary RP - Property Insurance - Real SP - Supplemental Policy TF - Tax Equity Fiscal Responsibility Act (TEFRA) WC - Workers Compensation WU - Wrap Up Policy	No Current Equivalent	Cont'd MA - Medicare Part A MB - Medicare Part B MC - Medicaid MH - Medigap Part A MI - Medigap Part B MP - Medicare Primary OT - Other PE - Property Insurance - Personal PL - Personal PP - Personal Payment (Cash - No Insurance) PR - Preferred Provider Organization (PPO) PS - Point of Service (POS) QM - Qualified Medicare Beneficiary RP - Property Insurance - Real SP - Supplemental Policy TF - Tax Equity Fiscal Responsibility Act (TEFRA) WC - Workers Compensation WU - Wrap Up Policy
62	Subscriber Eligibility or Benefit Information/Time Period Qualifier	2110C - EB06	13 - 24 Hours 21 - Years 22 - Service Year 23 - Calendar Year 24 - Year to Date 25 - Contract 26 - Episode 27 - Visit 28 - Outlier 29 - Remaining 30 - Exceeded 31 - Not Exceeded 32 - Lifetime 33 - Lifetime Remaining 34 - Month 35 - Week 36 - Admission 6 - Hour 7 - Day	No Current Equivalent	13 - 24 Hours 21 - Years 22 - Service Year 23 - Calendar Year 24 - Year to Date 25 - Contract 26 - Episode 27 - Visit 28 - Outlier 29 - Remaining 30 - Exceeded 31 - Not Exceeded 32 - Lifetime 33 - Lifetime Remaining 34 - Month 35 - Week 36 - Admission 6 - Hour 7 - Day

271 Eligibility Response Codes and Values Mapping

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
63	Subscriber Eligibility or Benefit Information/Quantity Qualifier	2110C - EB09	99 - Quantity Used CA - Covered - Actual CE - Covered - Estimated DB - Deductible Blood Units DY - Days HS - Hours LA - Life-time Reserve - Actual LE - Life-time Reserve - Estimated MN - Month P6 - Number of Services or Procedures QA - Quantity Approved S7 - Age, High Value S8 - Age, Low Value VS - Visits YY - Years	No Current Equivalent	99 - Quantity Used CA - Covered - Actual CE - Covered - Estimated DB - Deductible Blood Units DY - Days HS - Hours LA - Life-time Reserve - Actual LE - Life-time Reserve - Estimated MN - Month P6 - Number of Services or Procedures QA - Quantity Approved S7 - Age, High Value S8 - Age, Low Value VS - Visits YY - Years
64	Subscriber Eligibility or Benefit Information/Authorization or Certification Indicator	2110C - EB11	N - No U - Unknown Y - Yes	No Current Equivalent	N - No U - Unknown Y - Yes
65	Subscriber Eligibility or Benefit Information/In Plan Network Indicator	2110C - EB12	N - No U - Unknown Y - Yes	No Current Equivalent	N - No U - Unknown Y - Yes

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Final DRAFT

#	Code or Value Set (Element Name)	Loop – Segment – Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
66	Subscriber Eligibility or Benefit Information/Product or Service ID Qualifier	2110C - EB13 - 01	AD - American Dental Association Codes CJ - Current Procedural Terminology (CPT) Codes HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID - International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure IV – Home Infusion EDI Coalition (HIEC) Product/Service Code. This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA. Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List N4 – National Drug Code in 5-4-2 Format Code Source 240: National Drug Code by Format ZZ - Mutually Defined	No Current Equivalent	AD - American Dental Association Codes CJ - Current Procedural Terminology (CPT) Codes HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID - International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure IV – Home Infusion EDI Coalition (HIEC) N4 – National Drug Code in 5-4-2 Format ZZ - Mutually Defined
67	Health Care Services Delivery/Quantity Qualifier	2110C - HSD01	DY - Days FL - Units HS - Hours MN - Month VS - Visits	No Current Equivalent	DY - Days FL - Units HS - Hours MN - Month VS - Visits
68	Health Care Services Delivery/Unit or Basis for Measurement Code	2110C - HSD03	DA - Days MO - Months VS - Visit WK - Week YR - Years	No Current Equivalent	DA - Days MO - Months VS - Visit WK - Week YR - Years

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Final DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
69	Health Care Services Delivery/Time Period Qualifier	2110C - HSD05	21 - Years 22 - Service Year 23 - Calendar Year 24 - Year to Date 25 - Contract 26 - Episode 27 - Visit 28 - Outlier 29 - Remaining 30 - Exceeded 31 - Not Exceeded 32 - Lifetime 33 - Lifetime Remaining 34 - Month 35 - Week 6 - Hour 7 - Day	No Current Equivalent	21 - Years 22 - Service Year 23 - Calendar Year 24 - Year to Date 25 - Contract 26 - Episode 27 - Visit 28 - Outlier 29 - Remaining 30 - Exceeded 31 - Not Exceeded 32 - Lifetime 33 - Lifetime Remaining 34 - Month 35 - Week 6 - Hour 7 - Day

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Final DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
70	Health Care Services Delivery/Delivery Frequency Code	2110C - HSD07	1 - 1st Week of the Month 2 - 2nd Week of the Month 3 - 3rd Week of the Month 4 - 4th Week of the Month 5 - 5th Week of the Month 6 - 1st & 3rd Weeks of the Month 7 - 2nd & 4th Weeks of the Month 8 - 1st Working Day of Period 9 - Last Working Day of Period A - Monday through Friday B - Monday through Saturday C - Monday through Sunday D - Monday E - Tuesday F - Wednesday G - Thursday H - Friday J - Saturday K - Sunday L - Monday through Thursday M - Immediately N - As Directed O - Daily Mon. through Fri. P - 1/2 Mon. & 1/2 Thurs. Q - 1/2 Tues. & 1/2 Thurs. R - 1/2 Wed. & 1/2 Fri. S - Once Anytime Mon. through Fri. SG - Tuesday through Friday SL - Monday, Tuesday and Thursday SP - Monday, Tuesday and Friday SX - Wednesday and Thursday SY - Monday, Wednesday and Thursday SZ - Tuesday, Thursday and Friday T - 1/2 Tue. & 1/2 Fri. U - 1/2 Mon. & 1/2 Wed. V - 1/3 Mon., 1/3 Wed., 1/3 Fri. W - Whenever Necessary X - 1/2 By Wed., Bal. By Fri. Y - None (Also Used to Cancel or Override a Previous Pattern)	No Current Equivalent	1 - 1st Week of the Month 2 - 2nd Week of the Month 3 - 3rd Week of the Month 4 - 4th Week of the Month 5 - 5th Week of the Month 6 - 1st & 3rd Weeks of the Month 7 - 2nd & 4th Weeks of the Month 8 - 1st Working Day of Period 9 - Last Working Day of Period A - Monday through Friday B - Monday through Saturday C - Monday through Sunday D - Monday E - Tuesday F - Wednesday G - Thursday H - Friday J - Saturday K - Sunday L - Monday through Thursday M - Immediately N - As Directed O - Daily Mon. through Fri. P - 1/2 Mon. & 1/2 Thurs. Q - 1/2 Tues. & 1/2 Thurs. R - 1/2 Wed. & 1/2 Fri. S - Once Anytime Mon. through Fri. SG - Tuesday through Friday SL - Monday, Tuesday and Thursday SP - Monday, Tuesday and Friday SX - Wednesday and Thursday SY - Monday, Wednesday and Thursday SZ - Tuesday, Thursday and Friday T - 1/2 Tue. & 1/2 Fri. U - 1/2 Mon. & 1/2 Wed. V - 1/3 Mon., 1/3 Wed., 1/3 Fri. W - Whenever Necessary X - 1/2 By Wed., Bal. By Fri. Y - None (Also Used to Cancel or Override a Previous Pattern)

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
71	Health Care Services Delivery/Delivery Pattern Time Code	2110C - HSD08	A - 1st Shift (Normal Working Hours) B - 2nd Shift C - 3rd Shift D - A.M. E - P.M. F - As Directed G - Any Shift Y - None (Also Used to Cancel or Override a Previous Pattern)	No Current Equivalent	A - 1st Shift (Normal Working Hours) B - 2nd Shift C - 3rd Shift D - A.M. E - P.M. F - As Directed G - Any Shift Y - None (Also Used to Cancel or Override a Previous Pattern)
72	Subscriber Additional Identification/Reference Identification Qualifier	2110C - REF01	18 - Plan Number 1L - Group or Policy Number 1W - Member Identification Number 49 - Family Unit Number 6P - Group Number 9F - Referral Number A6 - Employee Identification Number F6 - Health Insurance Claim (HIC) Number G1 - Prior Authorization Number IG - Insurance Policy Number N6 - Plan Network Identification Number NQ - Medicaid Recipient Identification Number	No Current Equivalent	18 - Plan Number 1L - Group or Policy Number 1W - Member Identification Number 49 - Family Unit Number 6P - Group Number 9F - Referral Number A6 - Employee Identification Number F6 - Health Insurance Claim (HIC) Number G1 - Prior Authorization Number IG - Insurance Policy Number N6 - Plan Network Identification Number NQ - Medicaid Recipient Identification Number
73	Subscriber Eligibility/Benefit Date/Date Time Qualifier	2110C - DTP01	193 - Period Start 194 - Period End 198 - Completion 290 - Coordination of Benefits 292 - Benefit 295 - Primary Care Provider 304 - Latest Visit or Consultation 307 - Eligibility 318 - Added 348 - Benefit Begin 349 - Benefit End 356 - Eligibility Begin 357 - Eligibility End 435 - Admission 472 - Service 636 - Date of Last Update	No Current Equivalent	193 - Period Start 194 - Period End 198 - Completion 290 - Coordination of Benefits 292 - Benefit 295 - Primary Care Provider 304 - Latest Visit or Consultation 307 - Eligibility 318 - Added 348 - Benefit Begin 349 - Benefit End 356 - Eligibility Begin 357 - Eligibility End 435 - Admission 472 - Service 636 - Date of Last Update

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Final DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
74	Subscriber Eligibility/Benefit Date/Date Time Period Format Qualifier	2110C - DTP02	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
75	Subscriber Request Validation/Valid Request Indicator	2110C - AAA01	N - No Y - Yes	No Current Equivalent	N - No Y - Yes
76	Subscriber Request Validation/Reject Reason Code	2110C - AAA03	15 - Required application data missing 52 - Service Dates Not Within Provider Plan Enrollment 53 - Inquired Benefit Inconsistent with Provider Type 54 - Inappropriate Product/Service ID Qualifier 55 - Inappropriate Product/Service ID 56 - Inappropriate Date 57 - Invalid/Missing Date(s) of Service 60 - Date of Birth Follows Date(s) of Service 61 - Date of Death Precedes Date(s) of Service 62 - Date of Service Not Within Allowable Inquiry Period 63 - Date of Service in Future 69 - Inconsistent with Patient's Age 70 - Inconsistent with Patient's Gender	MEVS Messages: 0001 Recipient not found – insufficient data submitted 0002 Invalid Provider ID 0003 Invalid Begin Date of Service 0005 Invalid End Date of Service 0006 More than 3 Eligibility occurrences or 4 Enrollment occurrences were found 0008 Recipient was not found using the SSN 0009 More than one recipient was found using the SSN 0010 Recipient was not found using the AHCCCS ID 0011 Recipient was not found using the Last Name, First Name, Date of Birth, and Gender 0012 More than one recipient was found using the Last Name, First Name, Date of Birth, and Gender 0013 the AHCCCS ID entered is for a secondary record; the correct AHCCCS ID has been returned. 0021 “Verify the identity of the recipient with a separate photo ID. If ID does not match the name on the AHCCCS ID, then report to AHCCCS at 1-888-487-6686 (Member Fraud) or 1-800-92-6690 (if after 5:00 PM).” 7246 ID Card is Invalid; Contact AHCCCS other System error	15 - Required application data missing = 0001 Recipient not found – insufficient data submitted 52 - Service Dates Not Within Provider Plan Enrollment 53 - Inquired Benefit Inconsistent with Provider Type 54 - Inappropriate Product/Service ID Qualifier 55 - Inappropriate Product/Service ID 56 - Inappropriate Date 57 - Invalid/Missing Date(s) of Service = 0003 and 0005 Invalid Begin and End Date of Service 60 - Date of Birth Follows Date(s) of Service 61 - Date of Death Precedes Date(s) of Service 62 - Date of Service Not Within Allowable Inquiry Period 63 - Date of Service in Future 69 - Inconsistent with Patient's Age 70 - Inconsistent with Patient's Gender

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
77	Subscriber Request Validation/Follow -up Action Code	2110C - AAA04	C - Please Correct and Resubmit N - Resubmission Not Allowed R - Resubmission Allowed W - Please Wait 30 Days and Resubmit X - Please Wait 10 Days and Resubmit Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly	No Current Equivalent	C - Please Correct and Resubmit N - Resubmission Not Allowed R - Resubmission Allowed W - Please Wait 30 Days and Resubmit X - Please Wait 10 Days and Resubmit Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly
78	Subscriber Eligibility or Benefit Additional Information/Code List Qualifier Code	2115C - III01	BF - Diagnosis BK - Principal Diagnosis ZZ - Mutually Defined	No Current Equivalent	BF - Diagnosis BK - Principal Diagnosis ZZ - Mutually Defined
79	Subscriber Benefit Related Entity Name/Entity Identifier Code	2120C - NM101	13 - Contracted Service Provider 1P - Provider 2B - Third-Party Administrator 36 - Employer 73 - Other Physician FA - Facility GP - Gateway Provider IL - Insured or Subscriber LR - Legal Representative P3 - Primary Care Provider P4 - Prior Insurance Carrier P5 - Plan Sponsor PR - Payer PRP - Primary Payer SEP - Secondary Payer TTP - Tertiary Payer VN - Vendor X3 - Utilization Management Organization	No Current Equivalent	13 - Contracted Service Provider 1P - Provider 2B - Third-Party Administrator 36 - Employer 73 - Other Physician FA - Facility GP - Gateway Provider IL - Insured or Subscriber LR - Legal Representative P3 - Primary Care Provider P4 - Prior Insurance Carrier P5 - Plan Sponsor PR - Payer PRP - Primary Payer SEP - Secondary Payer TTP - Tertiary Payer VN - Vendor X3 - Utilization Management Organization
80	Subscriber Benefit Related Entity Name/Entity Type Qualifier	2120C - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
81	Subscriber Benefit Related Entity Name/Identification Code Qualifier	2120C - NM108	24 - Employer's Identification Number 34 - Social Security Number 46 - Electronic Transmitter Identification Number (ETIN) FA - Facility Identification FI - Federal Taxpayer's Identification Number MI - Member Identification Number NI - National Association of Insurance Commissioners (NAIC) Identification PI - Payor Identification PP - Pharmacy Processor Number SV - Service Provider Number XV - Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. XX - Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used. ZZ - Mutually Defined	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number 46 - Electronic Transmitter Identification Number (ETIN) FA - Facility Identification FI - Federal Taxpayer's Identification Number MI - Member Identification Number NI - National Association of Insurance Commissioners (NAIC) Identification PI - Payor Identification PP - Pharmacy Processor Number SV - Service Provider Number XV - Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. XX - Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used. ZZ - Mutually Defined
82	Subscriber Benefit Related City/State/ZIP Code/Location Qualifier	2120C - N405	RJ - Region	No Current Equivalent	RJ - Region
83	Subscriber Benefit Related Entity Contact Information/Contact Function Code	2120C - PER01	IC - Information Contact	No Current Equivalent	IC - Information Contact
84	Subscriber Benefit Related Entity Contact Information/Communication Number Qualifier	2120C - PER03	ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone WP - Work Phone Number	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone WP - Work Phone Number

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
85	Subscriber Benefit Related Entity Contact Information/Communication Number Qualifier	2120C - PER05	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone WP - Work Phone Number	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone WP - Work Phone Number
86	Subscriber Benefit Related Entity Contact Information/Communication Number Qualifier	2120C - PER07	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone WP - Work Phone Number	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone WP - Work Phone Number
87	Subscriber Benefit Related Provider Information/Provider Code	2120C - PRV01	AD - Admitting AT - Attending BI - Billing CO - Consulting CV - Covering H - Hospital HH - Home Health Care LA - Laboratory OT - Other Physician P1 - Pharmacist P2 - Pharmacy PC - Primary Care Physician PE - Performing R - Rural Health Clinic RF – Referring SB – Submitting SK - Skilled Nursing Facility SU - Supervising	No Current Equivalent	AD - Admitting AT - Attending BI - Billing CO - Consulting CV - Covering H - Hospital HH - Home Health Care LA - Laboratory OT - Other Physician P1 - Pharmacist P2 - Pharmacy PC - Primary Care Physician PE - Performing R - Rural Health Clinic RF – Referring SB – Submitting SK - Skilled Nursing Facility SU - Supervising

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
88	Subscriber Benefit Related Provider Information/Reference Identification Qualifier	2120C - PRV02	9K - Servicer D3 - National Association of Boards of Pharmacy Number EI - Employer's Identification Number HPI - Health Care Financing Administration National Provider Identifier SY - Social Security Number TJ - Federal Taxpayer's Identification Number ZZ - Mutually Defined	No Current Equivalent	9K - Servicer D3 - National Association of Boards of Pharmacy Number EI - Employer's Identification Number HPI - Health Care Financing Administration National Provider Identifier SY - Social Security Number TJ - Federal Taxpayer's Identification Number ZZ - Mutually Defined
89	Dependent Level/Hierarchical Level Code	2000D - HL03	23 - Dependent	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
90	Dependent Level/Hierarchical Child Code	2000D - HL04	0 - No Subordinate HL Segment in This Hierarchical Structure.	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
91	Dependent Trace Number/Trace Type Code	2000D - TRN01	1 - Current Transaction Trace Numbers 2 - Referenced Transaction Trace Numbers	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
92	Dependent Name/Entity Identifier Code	2100D - NM101	03 - Dependent	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
93	Dependent Name/Entity Type Qualifier	2100D - NM102	1 - Person	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
94	Dependent Name/Identification Code Qualifier	2100D - NM108	MI - Member Identification Number ZZ - Mutually Defined	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
95	Dependent Additional Identification/Reference Identification Qualifier	2100D - REF01	18 - Plan Number 1L - Group or Policy Number 1W - Member Identification Number 49 - Family Unit Number 6P - Group Number A6 – Employee Identification Number CT – Contract Number EA - Medical Record Identification Number EJ - Patient Account Number F6 - Health Insurance Claim (HIC) Number GH - Identification Card Serial Number HJ - Identity Card Number IF - Issue Number IG - Insurance Policy Number M7 - Medical Assistance Category N6 - Plan Network Identification Number NQ - Medicaid Recipient Identification Number Q4 - Prior Identifier Number SY - Social Security Number	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
96	Dependent Contact Information/Contact Function Code	2100D - PER01	IC - Information Contact	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
97	Dependent Contact Information/Communication Number Qualifier	2100D - PER03	HP - Home Phone Number TE - Telephone WP - Work Phone Number	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
98	Dependent Contact Information/Communication Number Qualifier	2100D - PER05	EX - Telephone Extension HP - Home Phone Number TE - Telephone WP - Work Phone Number	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
99	Dependent Contact Information/Communication Number Qualifier	2100D - PER07	EX - Telephone Extension HP - Home Phone Number TE - Telephone WP - Work Phone Number	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
100	Dependent Request Validation/Valid Request Indicator	2100D - AAA01	N - No Y - Yes	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
101	Dependent Request Validation/Reject Reason Code	2100D - AAA03	15 - Required application data missing 42 - Unable to Respond at Current Time 43 - Invalid/Missing Provider Identification 45 - Invalid/Missing Provider Specialty 47 - Invalid/Missing Provider State 48 - Invalid/Missing Referring Provider Identification Number 49 - Provider is Not Primary Care Physician 51 - Provider Not on File 52 - Service Dates Not Within Provider Plan Enrollment 56 - Inappropriate Date 57 - Invalid/Missing Date(s) of Service 58 - Invalid/Missing Date-of-Birth 60 - Date of Birth Follows Date(s) of Service 61 - Date of Death Precedes Date(s) of Service 62 - Date of Service Not Within Allowable Inquiry Period 63 - Date of Service in Future 64 - Invalid/Missing Patient ID 65 - Invalid/Missing Patient Name 66 - Invalid/Missing Patient Gender Code 67 - Patient Not Found 68 - Duplicate Patient ID Number 71 - Patient Birth Date Does Not Match That for the Patient on the Database	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
102	Dependent Request Validation/Follow -up Action Code	2100D - AAA04	C - Please Correct and Resubmit N - Resubmission Not Allowed R - Resubmission Allowed S - Do Not Resubmit; Inquiry Initiated to a Third Party W - Please Wait 30 Days and Resubmit X - Please Wait 10 Days and Resubmit Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
103	Dependent Demographic Information/Date Time Period Format Qualifier	2100D - DMG01	D8 - Date Expressed in Format CCYYMMDD	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
104	Dependent Demographic Information/Dependent Gender Code	2100D - DMG03	F - Female M - Male U - Unknown	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
105	Dependent Relationship/Insured Indicator	2100D - INS01	N - No	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
106	Dependent Relationship/Individual Relationship Code	2100D - INS02	01 - Spouse 19 - Child 21 - Unknown 34 - Other Adult	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
107	Dependent Relationship/Maintenance Type Code	2100D - INS03	001 - Change	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
108	Dependent Relationship/Maintenance Reason Code	2100D - INS04	25 - Change in Identifying Data Elements	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
109	Dependent Relationship/Student Status Code	2100D - INS09	F - Full-time N - Not a Student P - Part-time	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
110	Dependent Relationship/Handicap Indicator	2100D - INS10	N - No Y - Yes	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

271 Eligibility Response Codes and Values Mapping

Final DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
111	Dependent Date/Date Time Qualifier	2100D - DTP01	102 - Issue 152 - Effective Date of Change 291 - Plan 307 - Eligibility 318 - Added 340 - Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin 341 - Consolidated Omnibus Budget Reconciliation Act (COBRA) End 342 - Premium Paid to Date Begin 343 - Premium Paid to Date End 346 - Plan Begin 347 - Plan End 382 - Enrollment 435 - Admission 442 - Date of Death 458 - Certification 472 - Service 539 - Policy Effective 540 - Policy Expiration 636 - Date of Last Update	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
112	Dependent Date/Date Time Period Format Qualifier	2100D - DTP02	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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Final DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
113	Dependent Eligibility or Benefit Information/Eligibility or Benefit Information	2110D - EB01	1 - Active Coverage 2 - Active - Full Risk Capitation 3 - Active - Services Capitated 4 - Active - Services Capitated to Primary Care Physician 5 - Active - Pending Investigation 6 - Inactive 7 - Inactive - Pending Eligibility Update 8 - Inactive - Pending Investigation A - Co-Insurance B - Co-Payment C - Deductible CB - Coverage Basis D - Benefit Description E - Exclusions F - Limitations G - Out of Pocket (Stop Loss) H - Unlimited I - Non-Covered J - Cost Containment K - Reserve L - Primary Care Provider M - Pre-existing Condition MC - Managed Care Coordinator N - Services Restricted to Following Provider O - Not Deemed a Medical Necessity P - Benefit Disclaimer Q - Second Surgical Opinion Required R - Other or Additional Payor S - Prior Year(s) History T - Card(s) Reported Lost/Stolen U - Contact Following Entity for Eligibility or Benefit Information V - Cannot Process W - Other Source of Data X - Health Care Facility Y - Spend Down	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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Final DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
114	Dependent Eligibility or Benefit Information/Benefit Coverage Level Code	2110D - EB02	CHD - Children Only DEP - Dependents Only ECH - Employee and Children ESP - Employee and Spouse FAM - Family IND - Individual SPC - Spouse and Children SPO - Spouse Only	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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#	Code or Value Set (Element Name)	Loop – Segment – Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
115	Dependent Eligibility or Benefit Information/Service Type Code	2110D - EB03	1 - Medical Care 10 - Blood Charges 11 - Used Durable Medical Equipment 12 - Durable Medical Equipment Purchase 13 - Ambulatory Service Center Facility 14 - Renal Supplies in the Home 15 - Alternate Method Dialysis 16 - Chronic Renal Disease (CRD) Equipment 17 - Pre-Admission Testing 18 - Durable Medical Equipment Rental 19 - Pneumonia Vaccine 2 - Surgical 20 - Second Surgical Opinion 21 - Third Surgical Opinion 22 - Social Work 23 - Diagnostic Dental 24 - Periodontics 25 - Restorative 26 - Endodontics 27 - Maxillofacial Prosthetics 28 - Adjunctive Dental Services 3 - Consultation 30 - Health Benefit Plan Coverage 32 - Plan Waiting Period 33 - Chiropractic 34 - Chiropractic Office Visits 35 - Dental Care 36 - Dental Crowns 37 - Dental Accident 38 - Orthodontics 39 - Prosthodontics 4 - Diagnostic X-Ray 40 - Oral Surgery 41 - Routine (Preventive) Dental 42 - Home Health Care 43 - Home Health Prescriptions 44 - Home Health Visits 45 - Hospice 46 - Respite Care 47 - Hospital 48 - Hospital - Inpatient 49 - Hospital - Room and Board 5 - Diagnostic Lab	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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#	Code or Value Set (Element Name)	Loop – Segment – Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
116	Dependent Eligibility or Benefit Information/Service Type Code	2110D - EB03 Cont'd	Cont'd 54 - Long Term Care 55 - Major Medical 56 - Medically Related Transportation 57 - Air Transportation 58 - Cabulance 59 - Licensed Ambulance 6 - Radiation Therapy 60 - General Benefits 61 - In-vitro Fertilization 62 - MRI/CAT Scan 63 - Donor Procedures 64 - Acupuncture 65 - Newborn Care 66 - Pathology 67 - Smoking Cessation 68 - Well Baby Care 69 - Maternity 7 - Anesthesia 70 - Transplants 71 - Audiology Exam 72 - Inhalation Therapy 73 - Diagnostic Medical 74 - Private Duty Nursing 75 - Prosthetic Device 76 - Dialysis 77 - Otological Ex am 78 - Chemotherapy 79 - Allergy Testing 8 - Surgical Assistance 80 - Immunizations 81 - Routine Physical 82 - Family Planning 83 - Infertility 84 - Abortion 85 - AIDS 86 - Emergency Services 87 - Cancer 88 - Pharmacy 89 - Free Standing Prescription Drug 9 - Other Medical 90 - Mail Order Prescription Drug 91 - Brand Name Prescription Drug	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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#	Code or Value Set (Element Name)	Loop – Segment – Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
117	Dependent Eligibility or Benefit Information/Service Type Code	2110D - EB03 Cont'd	Cont'd 93 - Podiatry 94 - Podiatry - Office Visits 95 - Podiatry - Nursing Home Visits 96 - Professional (Physician) 97 - Anesthesiologist 98 - Professional (Physician) Visit - Office 99 - Professional (Physician) Visit - Inpatient A0 - Professional (Physician) Visit - Outpatient A1 - Professional (Physician) Visit - Nursing Home A2 - Professional (Physician) Visit - Skilled Nursing Facility A3 - Professional (Physician) Visit - Home A4 - Psychiatric A5 - Psychiatric - Room and Board A6 - Psychotherapy A7 - Psychiatric - Inpatient A8 - Psychiatric - Outpatient A9 - Rehabilitation AA - Rehabilitation - Room and Board AB - Rehabilitation - Inpatient AC - Rehabilitation - Outpatient AD - Occupational Therapy AE - Physical Medicine AF - Speech Therapy AG - Skilled Nursing Care AH - Skilled Nursing Care - Room and Board AI - Substance Abuse AJ - Alcoholism AK - Drug Addiction AL - Vision (Optometry) AM - Frames AN - Routine Exam AO - Lenses AQ - Nonmedically Necessary Physical AR - Experimental Drug Therapy BA - Independent Medical Evaluation BB - Partial Hospitalization (Psychiatric) BC - Day Care (Psychiatric)	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
118	Dependent Eligibility or Benefit Information/Service Type Code	2110D - EB03 Cont'd	Cont'd BH - Pediatric BI - Nursery BJ - Skin BK - Orthopedic BL - Cardiac BM - Lymphatic BN - Gastrointestinal BP - Endocrine BQ - Neurology BR - Eye BS - Invasive Procedures	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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Final DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
119	Dependent Eligibility or Benefit Information/Insurance Type Code	2110D - EB04	12 - Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan 13 - Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan 14 - Medicare Secondary, No-fault Insurance including Auto is Primary 15 - Medicare Secondary Worker's Compensation 16 - Medicare Secondary Public Health Service (PHS) or Other Federal Agency 41 - Medicare Secondary Black Lung 42 - Medicare Secondary Veteran's Administration 43 - Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP) 47 - Medicare Secondary, Other Liability Insurance is Primary AP - Auto Insurance Policy C1 - Commercial CO - Consolidated Omnibus Budget Reconciliation Act (COBRA) CP - Medicare Conditionally Primary D - Disability DB - Disability Benefits EP - Exclusive Provider Organization FF - Family or Friends GP - Group Policy HM - Health Maintenance Organization (HMO) HN - Health Maintenance Organization (HMO) - Medicare Risk HS - Special Low Income Medicare Beneficiary IN - Indemnity IP - Individual Policy LC - Long Term Care LD - Long Term Policy LI - Life Insurance LT - Litigation	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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LT - Litigation

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
120	Dependent Eligibility or Benefit Information/Insurance Type Code	2110D - EB04 Cont'd	Cont'd MA - Medicare Part A MB - Medicare Part B MC - Medicaid MH - Medigap Part A MI - Medigap Part B MP - Medicare Primary OT - Other PE - Property Insurance - Personal PL - Personal PP - Personal Payment (Cash - No Insurance) PR - Preferred Provider Organization (PPO) PS - Point of Service (POS) QM - Qualified Medicare Beneficiary RP - Property Insurance - Real SP - Supplemental Policy TF - Tax Equity Fiscal Responsibility Act (TEFRA) WC - Workers Compensation WU - Wrap Up Policy	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
121	Dependent Eligibility or Benefit Information/Time Period Qualifier	2110D - EB06	13 - 24 Hours 21 - Years 22 - Service Year 23 - Calendar Year 24 - Year to Date 25 - Contract 26 - Episode 27 - Visit 28 - Outlier 29 - Remaining 30 - Exceeded 31 - Not Exceeded 32 - Lifetime 33 - Lifetime Remaining 34 - Month 35 - Week 36 - Admission 6 - Hour 7 - Day	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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Final DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
122	Dependent Eligibility or Benefit Information/Quantity Qualifier	2110D - EB09	99 - Quantity Used CA - Covered - Actual CE - Covered - Estimated DB - Deductible Blood Units DY - Days HS - Hours LA - Life-time Reserve - Actual LE - Life-time Reserve - Estimated MN - Month P6 - Number of Services or Procedures QA - Quantity Approved S7 - Age, High Value S8 - Age, Low Value VS - Visits YY - Years	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
123	Dependent Eligibility or Benefit Information/Authorization or Certification Indicator	2110D - EB11	N - No U - Unknown Y - Yes	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
124	Dependent Eligibility or Benefit Information/In Plan Network Indicator	2110D - EB12	N - No U - Unknown Y - Yes	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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Final DRAFT

#	Code or Value Set (Element Name)	Loop – Segment – Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
125	Dependent Eligibility or Benefit Information/Product or Service ID Qualifier	2110D - EB13 - 01	AD - American Dental Association Codes CJ - Current Procedural Terminology (CPT) Codes HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID - International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure IV – Home Infusion EDI Coalition (HIEC) Product/Service Code. This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA. Code Source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List N4 – National Drug Code in 5-4-2 Format Code Source 240: National Drug Code by Format ZZ - Mutually Defined	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
126	Health Care Services Delivery/Quantity Qualifier	2110D - HSD01	DY - Days FL - Units HS - Hours MN - Month VS - Visits	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
127	Health Care Services Delivery/Unit or Basis for Measurement Code	2110D - HSD03	DA - Days MO - Months VS - Visit WK - Week YR - Years	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

271 Eligibility Response Codes and Values Mapping

Final DRAFT

#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
128	Health Care Services Delivery/Time Period Qualifier	2110D - HSD05	21 - Years 22 - Service Year 23 - Calendar Year 24 - Year to Date 25 - Contract 26 - Episode 27 - Visit 28 - Outlier 29 - Remaining 30 - Exceeded 31 - Not Exceeded 32 - Lifetime 33 - Lifetime Remaining 34 - Month 35 - Week 6 - Hour 7 - Day	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
129	Health Care Services Delivery/Delivery Frequency Code	2110D - HSD07	1 - 1st Week of the Month 2 - 2nd Week of the Month 3 - 3rd Week of the Month 4 - 4th Week of the Month 5 - 5th Week of the Month 6 - 1st & 3rd Weeks of the Month 7 - 2nd & 4th Weeks of the Month 8 - 1st Working Day of Period 9 - Last Working Day of Period A - Monday through Friday B - Monday through Saturday C - Monday through Sunday D - Monday E - Tuesday F - Wednesday G - Thursday H - Friday J - Saturday K - Sunday L - Monday through Thursday M - Immediately N - As Directed O - Daily Mon. through Fri. P - 1/2 Mon. & 1/2 Thurs. Q - 1/2 Tues. & 1/2 Thurs. R - 1/2 Wed. & 1/2 Fri. S - Once Anytime Mon. through Fri. SG - Tuesday through Friday SL - Monday, Tuesday and Thursday SP - Monday, Tuesday and Friday SX - Wednesday and Thursday SY - Monday, Wednesday and Thursday SZ - Tuesday, Thursday and Friday T - 1/2 Tue. & 1/2 Fri. U - 1/2 Mon. & 1/2 Wed. V - 1/3 Mon., 1/3 Wed., 1/3 Fri. W - Whenever Necessary X - 1/2 By Wed., Bal. By Fri. Y - None (Also Used to Cancel or Override a Previous Pattern)	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

271 Eligibility Response Codes and Values Mapping

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
130	Health Care Services Delivery/Delivery Pattern Time Code	2110D - HSD08	A - 1st Shift (Normal Working Hours) B - 2nd Shift C - 3rd Shift D - A.M. E - P.M. F - As Directed G - Any Shift Y - None (Also Used to Cancel or Override a Previous Pattern)	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
131	Dependent Additional Identification/Reference Identification Qualifier	2110D - REF01	18 - Plan Number 1L - Group or Policy Number 1W - Member Identification Number 49 - Family Unit Number 6P - Group Number 9F - Referral Number A6 - Employee Identification Number F6 - Health Insurance Claim (HIC) Number G1 - Prior Authorization Number IG - Insurance Policy Number N6 - Plan Network Identification Number NQ - Medicaid Recipient Identification Number	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
132	Dependent Eligibility/Benefit Date/Date Time Qualifier	2110D - DTP01	193 - Period Start 194 - Period End 198 - Completion 290 - Coordination of Benefits 292 - Benefit 295 - Primary Care Provider 304 - Latest Visit or Consultation 307 - Eligibility 318 - Added 348 - Benefit Begin 349 - Benefit End 356 - Eligibility Begin 357 - Eligibility End 435 - Admission 472 - Service 636 - Date of Last Update 771 - Status	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
133	Dependent Eligibility/Benefit Date/Date Time Period Format Qualifier	2110D - DTP02	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
134	Dependent Request Validation/Valid Request Indicator	2110D - AAA01	N - No Y - Yes	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
135	Dependent Request Validation/Reject Reason Code	2110D - AAA03	15 - Required application data missing 52 - Service Dates Not Within Provider Plan Enrollment 53 - Inquired Benefit Inconsistent with Provider Type 54 - Inappropriate Product/Service ID Qualifier 55 - Inappropriate Product/Service ID 56 - Inappropriate Date 57 - Invalid/Missing Date(s) of Service 60 - Date of Birth Follows Date(s) of Service 61 - Date of Death Precedes Date(s) of Service 62 - Date of Service Not Within Allowable Inquiry Period 63 - Date of Service in Future 69 - Inconsistent with Patient's Age 70 - Inconsistent with Patient's Gender	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
136	Dependent Request Validation/Follow -up Action Code	2110D - AAA04	C - Please Correct and Resubmit N - Resubmission Not Allowed R - Resubmission Allowed W - Please Wait 30 Days and Resubmit X - Please Wait 10 Days and Resubmit Y - Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
137	Dependent Eligibility or Benefit Additional Information/Code List Qualifier Code	2115D - III01	BF - Diagnosis BK - Principal Diagnosis ZZ - Mutually Defined	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
138	Dependent Benefit Related Entity Name/Entity Identifier Code	2120D - NM101	13 - Contracted Service Provider 1P - Provider 2B - Third-Party Administrator 36 - Employer 73 - Other Physician FA - Facility GP - Gateway Provider IL - Insured or Subscriber LR - Legal Representative P3 - Primary Care Provider P4 - Prior Insurance Carrier P5 - Plan Sponsor PR - Payer PRP - Primary Payer SEP - Secondary Payer TTP - Tertiary Payer VN - Vendor X3 - Utilization Management Organization	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
139	Dependent Benefit Related Entity Name/Entity Type Qualifier	2120D - NM102	1 - Person 2 - Non-Person Entity	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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#	Code or Value Set (Element Name)	Loop – Segment – Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
140	Dependent Benefit Related Entity Name/Identification Code Qualifier	2120D - NM108	24 - Employer's Identification Number 34 - Social Security Number 46 - Electronic Transmitter Identification Number (ETIN) FA - Facility Identification FI - Federal Taxpayer's Identification Number MI - Member Identification Number NI - National Association of Insurance Commissioners (NAIC) Identification PI - Payor Identification PP - Pharmacy Processor Number SV - Service Provider Number XV - Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. XX - Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used. ZZ - Mutually Defined	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
141	Dependent Benefit Related Entity City/State/ZIP Code/Location Qualifier	2120D - N405	RJ - Region	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
142	Dependent Benefit Related Entity Contact Information/Contact Function Code	2120D - PER01	IC - Information Contact	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
143	Dependent Benefit Related Entity Contact Information/Communication Number Qualifier	2120D - PER03	ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone WP - Work Phone Number	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
144	Dependent Benefit Related Entity Contact Information/Communication Number Qualifier	2120D - PER05	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone WP - Work Phone Number	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
145	Dependent Benefit Related Entity Contact Information/Communication Number Qualifier	2120D - PER07	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone WP - Work Phone Number	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
146	Dependent Benefit Related Provider Information/Provider Code	2120D - PRV01	AD - Admitting AT - Attending BI - Billing CO - Consulting CV - Covering H - Hospital HH - Home Health Care LA - Laboratory OT - Other Physician P1 - Pharmacist P2 - Pharmacy PC - Primary Care Physician PE - Performing R - Rural Health Clinic RF – Referring SB – Submitting SK - Skilled Nursing Facility SU - Supervising	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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#	Code or Value Set (Element Name)	Loop – Segment - Element	HIPAA Values & Descriptions	AHCCCS Values & Descriptions	Mapping Decision
147	Dependent Benefit Related Provider Information/Reference Identification Qualifier	2120D - PRV02	9K - Servicer D3 - National Association of Boards of Pharmacy Number EI - Employer's Identification Number HPI - Health Care Financing Administration National Provider Identifier SY - Social Security Number TJ - Federal Taxpayer's Identification Number ZZ - Mutually Defined	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
148	Transaction Set Trailer/Transaction Segment Count	- SE01		No Current Equivalent	
149	Transaction Set Trailer/Transaction Set Control Number	- SE02		No Current Equivalent	